

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213525088					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Berkshire Life Insurance Company of America</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES W KORMAN 2300 WILSON BLVD STE 700 ARLINGTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ARLINGTON COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: F0253718</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 700 SOUTH STREET</p> <p style="text-align: center;">CITY/ST/ZIP: PITTSFIELD, MA 01201</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GORDON DINSMORE TITLE: PRESIDENT ADDRESS: 700 SOUTH ST CITY/ST/ZIP/CO: PITTSFIELD, MA 01201 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GORDON DINSMORE TITLE: PRESIDENT ADDRESS: 700 SOUTH ST CITY/ST/ZIP/CO: PITTSFIELD, MA 01201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	SEAN DAVID QUINN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	700 SOUTH STREET		
CITY/ST/ZIP/CO:	PITTSFIELD, MA 01201		
NAME:	CARL DESROCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP ACTUARY		
ADDRESS:	700 SOUTH STREET		
CITY/ST/ZIP/CO:	PITTSFIELD, MA 01201		
NAME:	ROBIN LEE MACPHERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP NEW BUSINESS		
ADDRESS:	700 SOUTH STREET		
CITY/ST/ZIP/CO:	PITTSFIELD, MA 01201		
NAME:	WILLIAM ROBERT CHANDLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP CHIEF IT		
ADDRESS:	700 SOUTH STREET		
CITY/ST/ZIP/CO:	PITTSFIELD, MA 01201		
NAME:	DONG HYUN AHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	MICHAEL NICHOLAS FERIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	MICHAEL SLIPOWITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
NAME:	MARGHERITA LORETTA DIMANNI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7 HANOVER SQUARE		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN CIFU	JOHN CIFU, SR/VP/CFO/SEC	5/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			